



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

**Auto Safety Hotline**

**Vehicle Owner's Questionnaire**

**NATIONWIDE 1-800-424-9393**  
**DC METRO AREA (202) 366-0123**  
**INTERNET: <http://www.nhtsa.dot.gov>**

**FOR AGENCY USE ONLY 336**

Date Received

16-AUG-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

894555

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

|                                                                                                                                                                                                                                                                     |                                                                                               |                                                                                                                                                                                                                                      |                                                                                              |                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Ident. No. (VIN)<br><small>(Location at bottom of windshield and driver's side door)</small>                                                                                                                                                                | Vehicle Make                                                                                  | Vehicle Model                                                                                                                                                                                                                        | Vehicle Year                                                                                 | Current Odometer Reading                                                                                                                     |
| NOT AVAILABLE                                                                                                                                                                                                                                                       | TOYOTA                                                                                        | CAMRY                                                                                                                                                                                                                                | 1989                                                                                         |                                                                                                                                              |
| Purchase Date<br><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                          | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                  |                                                                                                                                                                                                                                      | Engine Size<br>(CID/CC/L) _____<br>No Cylinders _____                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                      | Antilock Brakes<br><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                       |
| Vehicle Type<br><br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |                                                                                               | Body Style<br><br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                      |                                                                                              |                                                                                                                                              |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                       |                                                                                   |                                                                                                                                          |                                                                                             |
|-----------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>03250000 | Part Name(s)<br>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM                                 | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br>0    | Date(s) of Failure(s) 07-AUG-2001<br>Failure(s) 65000<br>Mileage at Failure(s) 70 | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |

**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

|                                                                                  |                                                                                 |                                |                           |                          |                                                                                               |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------|---------------------------|--------------------------|-----------------------------------------------------------------------------------------------|
| Crash<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damag | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------|---------------------------|--------------------------|-----------------------------------------------------------------------------------------------|

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

WHILE DRIVING AT 70 MPH ON HIGHWAY CONSUMER STEPPED ON BRAKES AND THERE WERE NONE. IN ORDER TO STOP VEHICLE HAD TO DOWN SHIFT AND USE HAND BRAKE. CONSUMER HAS CONTACTED DEALER. PLEASE PROVIDE ANY FURTHER INFORMATION.\*AK

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The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

## Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

335

Date Received

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OFFICE  
DEFECTS INVESTIGATION

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Reference No.

894555

## OWNER INFORMATION (Type or Print)

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

YES

NO

In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 8/22/01

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) **1H7ISV2A1EK0007323** Vehicle Make **TOYOTA** Vehicle Model **CAMRY** Vehicle Year **1989** Current Odometer Reading **66021**

Purchase Date

1/19/89

Dealer's Name

Engine Size  
(CID/CC/L)

No. Cylinders

☐ Turbo  
☐ Diesel  
☒ Gas  
☐ Fuel Injection

☒ New ☐ Used

City State Zip Code

Transmission Type ☐ Manual ☒ Automatic  
Antilock Brakes ☒ Yes ☐ No  
Restraint System ☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag  
Cruise Control ☐ Yes ☒ No  
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel  
Vehicle Type ☒ Car ☐ Sport Utility ☐ Truck ☐ Motorcycle ☐ Minivan ☐ Other  
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000 Part Name(s) **BRAKES: HYDRAULIC ANTI-LOCK SYSTEM** Location ☐ Left ☐ Right ☐ Front ☐ Rear Failed Part(s) ☐ Original ☐ Replacement  
Master Cylinder  
No of Failures 0 Date(s) of Failure(s) 07-AUG-2001 Mileage at Failure(s) 65000 Vehicle Speed at Failure(s) 70 Failed Part(s) ☐ Yes ☐ No NHTSA Previously ☐ Yes ☐ No

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured 0 Number of Fatalities 0 Estimated Property Damage Reported to Police ☐ Yes ☒ No

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

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CONTINUE ON BACK IF NEEDED

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